

Liability Claim Form



PART 1 – PLEASE COMPLETE FOR ALL CLAIMS

	<input type="text"/>	<input type="text"/>
	INSURED	POLICY NUMBER
BUSINESS DETAILS		
If company, partnership etc, state full registered name or trading name	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
	<input type="text"/>	
	COMPANY NAME (EG. ABC COMPANY PTY LTD)	
Address	<input type="text"/>	<input type="text"/>
	NUMBER, STREET ADDRESS	CITY / SUBURB
	<input type="text"/>	<input type="text"/>
	STATE	POSTCODE
Contact Numbers	<input type="text"/>	<input type="text"/>
	TELEPHONE NUMBER (DAY)	TELEPHONE NUMBER (NIGHT)
	<input type="text"/>	<input type="text"/>
	MOBILE	FAX

SITUATION DETAILS				
LEASE/RENTED PREMISES				
In accordance with the Lease/ Rental Agreement, is the Landlord required to pay for the repairs or replacement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
LOCATION				
Location at which loss, damage or accident occurred (e.g. address)	<input type="text"/>			
For what purposes are the premises at the location occupied?	<input type="text"/>			
DATE AND TIME				
Date which loss, damage or accident occurred?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DATE FROM (DD/MM/YY)	DATE TO (DD/MM/YY)	TIME (FROM)	TIME (TO)
DAMAGE INCURRED				
What was the nature of the loss, damage or accident? (eg damage to roof tiles)	<input type="text"/>			
How was it caused? (e.g. storm)	<input type="text"/>			
What steps were taken to prevent or reduce further loss, damage or injury?	<input type="text"/>			
Has any other person, other than you, an interest in the property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If Yes, please provide further details			
	<input type="text"/>			

SITUATION DETAILS (CONTINUED)

DAMAGE INCURRED

Have you had any other insurance covering the property on liability? Yes No

If yes, state the company and the amount insured

COMPANY

AMOUNT INSURED

Was immediate notice given to Miramar of the loss? Yes No

Have you, or anyone comprising the insured, either alone or with others, ever previously suffered a loss and/or claimed for a similar event? Yes No

Has an invoice or account been paid? Yes No

PART 2 – LEGAL LIABILITY

LEGAL LIABILITY

Give, in full, particulars of any personal injury to or damage to property of any person

Give name and address of person who suffered injury or property damage

FIRST NAME

LAST NAME

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

Is the claimant legally represented? Yes No If yes please provide details

PRODUCT LIABILITY

Were products manufactured by the insured? Yes No

Directly imported by the Insurer? Yes No

Name of person in charge at time of accident?

FULL NAME

If, in your opinion, anyone was to blame for the accident, state name and address and give reasons for your opinion

FULL NAME

ADDRESS

Reason for your opinion

Give name and addresses of any witnesses

FULL NAME WITNESS ①

ADDRESS

FULL NAME WITNESS ②

ADDRESS

FULL NAME WITNESS ③

ADDRESS

LEGAL LIABILITY (CONTINUED)

Has any claim been made upon you verbally or otherwise?

Yes No

If yes, give particulars and forward any correspondence to Miramar Underwriting Agency

Was any liability admitted?

Yes No

Has any enquiry been held by the Police relative to the accident?

Yes No

If yes, state when and where

IMPORTANT INFORMATION

PRIVACY POLICY

Contact details for Miramar Underwriting Agency are:

Miramar Underwriting Agency Pty Ltd
Level 5, 97-99 Bathurst Street
Sydney NSW 2000
Phone +61 2 9307 6600
Fax +61 2 9307 6699

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim.

We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly assess your claim.

You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told him or her that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

IMPORTANT INFORMATION FOR COMPLETION OF CLAIM FORM

You should retain a copy of all information supplied to the insurers

Please return your fully completed claim form to:- **Your Broker**

Please use a separate sheet of paper if you need more space to complete any question

DECLARATION

I/We declare that the above particulars are a true account of the loss, damage or injury sustained by me/us and that the claim shown above does not include any profit or advantage of any kind. I/We further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has willfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

Candidate ①

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

Candidate ②

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

NOTES

Large empty rectangular area for notes.